

Name
in
Full

CERTIFICATE OF DEATH

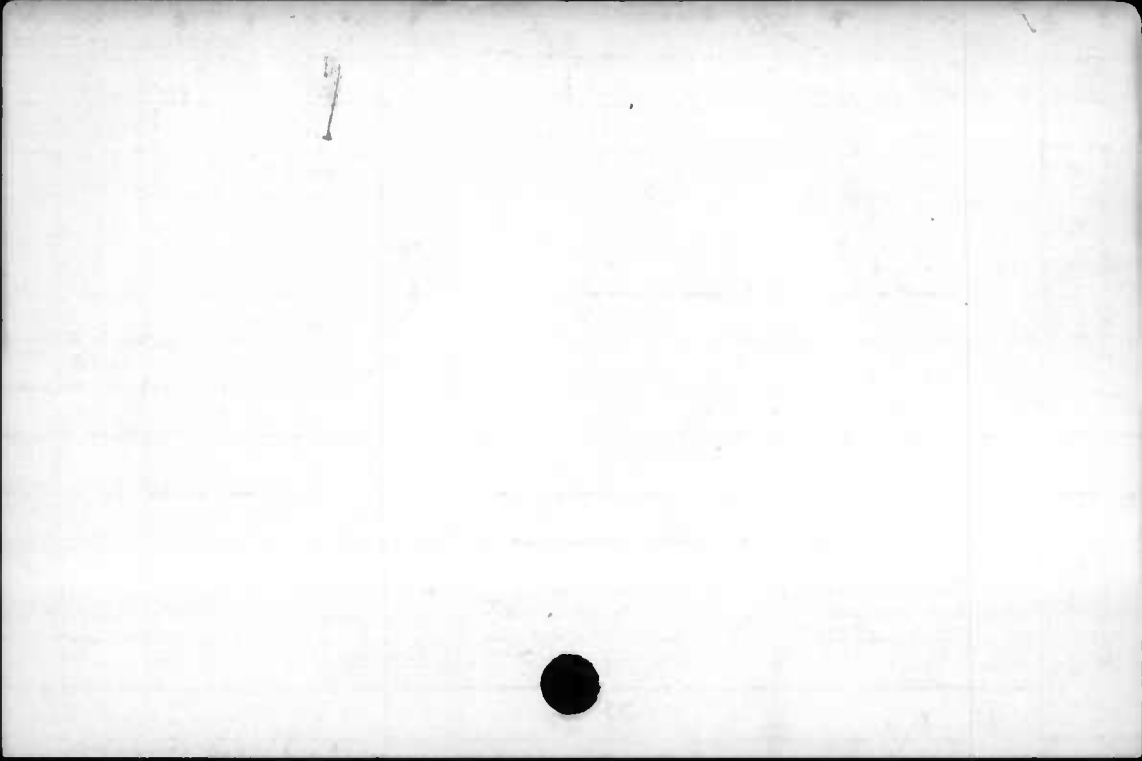
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Apr.	3	5			
Sex	Male		Color or Race	White		Birth-place	Cal. Cal.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Jos. R. Dixon				Father's Birthplace	Calverton	
Mother's Maiden Name	Hester Leach				Mother's Birthplace	" "	
Name of person giving information	J. J. Cox				How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebro Spinal Meningitis	How long	4 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. W. Leitch
		Address	Huntingtown, Md.
Accident or Suicide?			



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Marriet Gross 4/4/11

Died at *Parkview Green* *Calvert* County **MARYLAND**

Date of death **1906** Month *April* Day *10* Age *37* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Calvert Co*

Occupation *general house work* Where Residing if not at place of death *Calvert Co*

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband

Father's Name Father's Birthplace *Calvert Co Md*

Mother's Maiden Name *Marriet Commodore* Mother's Birthplace *Calvert Co Md*

Name of person giving information How related to deceased

CAUSES OF DEATH

*continued*PHYSICIAN
OR CORONER

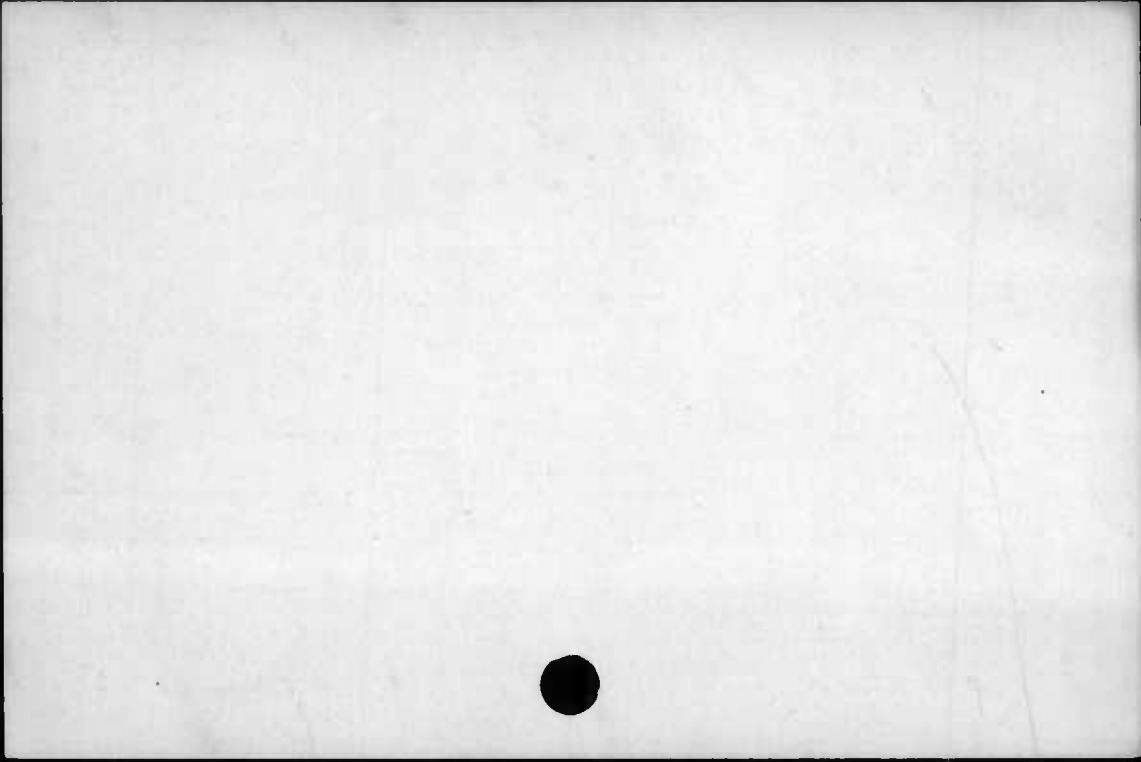
Primary *confinement* How long

Immediate *(140)* How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician

Address *D. Brooks & Bro*

Accident or Suicide?



Name
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William Gross

CERTIFICATE OF DEATH

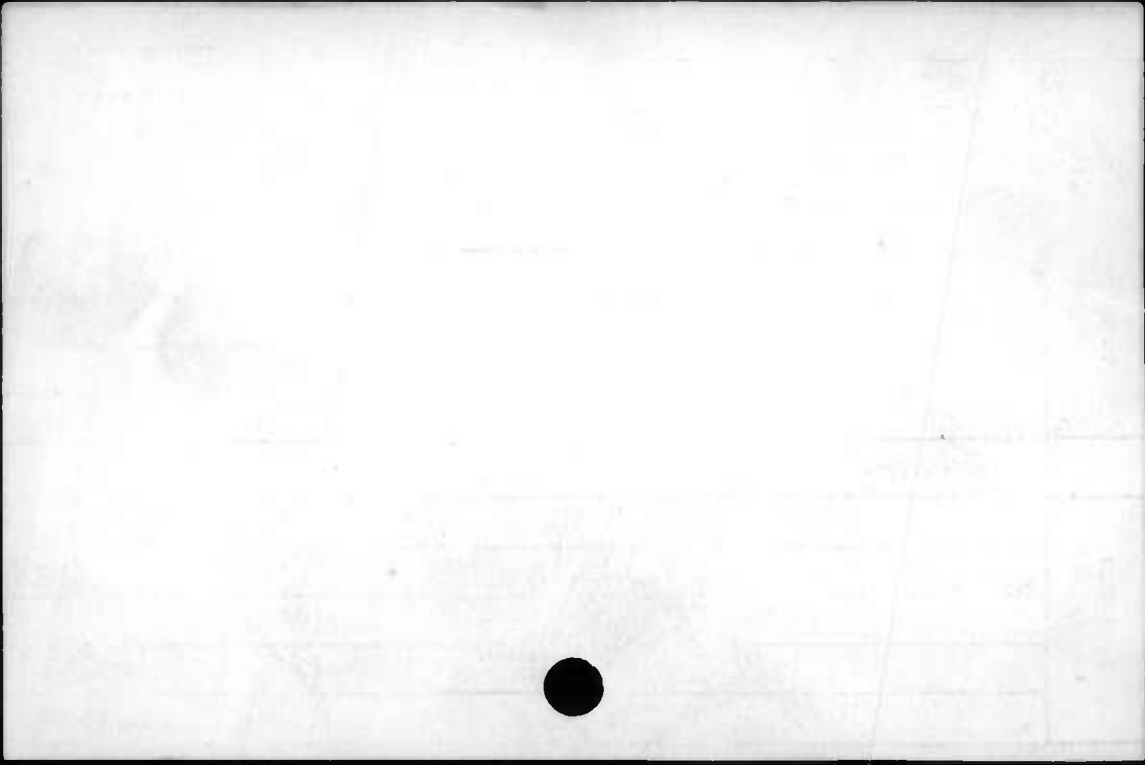
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Adelina</i> ^{Town}		<i>Loacrest</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month}	<i>Apr</i> ^{Day}	<i>25</i> ^{Years}	<i>17</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Laborn</i>		Where Residing if not at place of death	<i>Adelina</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Albert Gross</i>			Father's Birthplace	<i>Loacrest Co</i>
Mother's Maiden Name	<i>Pinkney Brown</i>			Mother's Birthplace	<i>" "</i>
Name of person giving Information	<i>Cephus Gross</i>			How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>4 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Wm. M. Allen</i>	
<i>J. B. Comer</i>		Address	
Accident or Suicide?			



Name
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Jacob Harris

CERTIFICATE OF DEATH

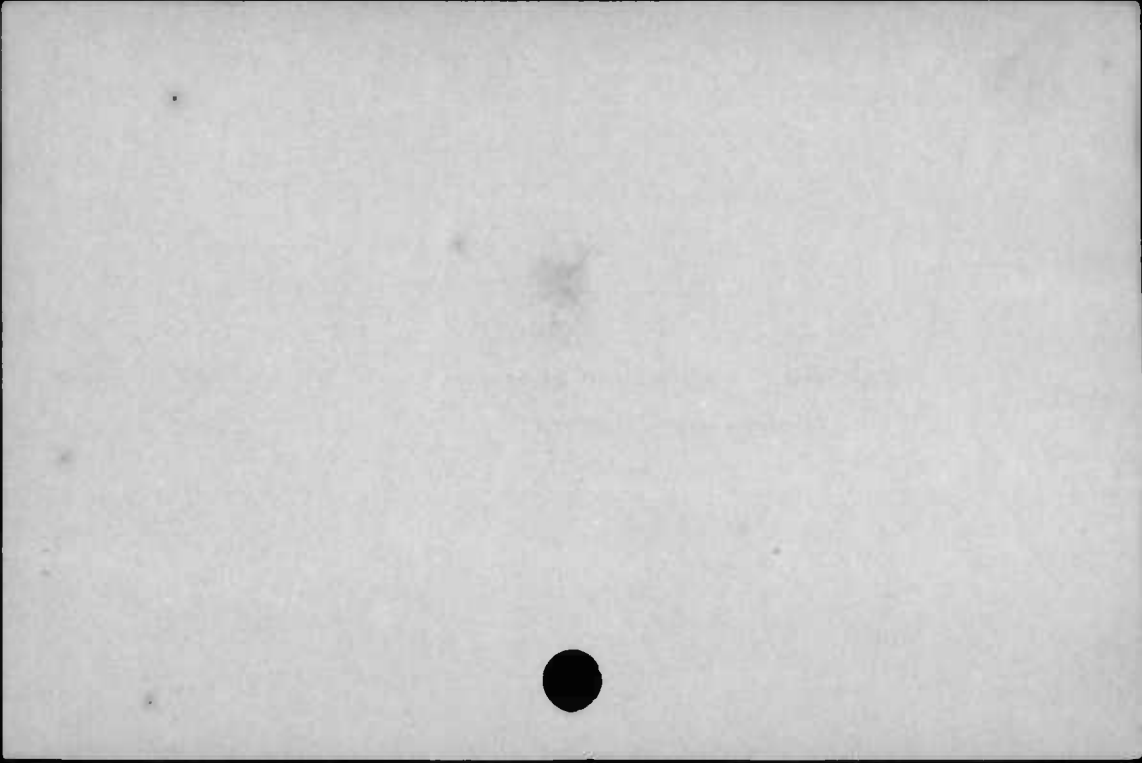
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lower Marlboro		County Calvert		MARYLAND	
Date of death	1906	Month Apr.	Day 15	Age	Years 58	Months	Days
Sex	Male		Color or Race	African		Birth-place	Calvert Co
Occupation	Farm Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Harris			
Father's Name	Jacob Harris					Father's Birthplace	Calvert Co
Mother's Maiden Name	Mary Daffney					Mother's Birthplace	" "
Name of person giving information	Philip Harris					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La-Grippe	How long	(10)
Immediate	Pneumonia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. H. Newman
		Address	Lower Marlboro
Accident or Suicide?			Ind



Name in Full		Hammale Haccand				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>Sussex</i>			^{County} <i>Calvert</i>		MARYLAND		
	Date of death	1906	Month	<i>Apr.</i>	Day	<i>29</i>	Age	<i>70</i>
	Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Cal. les.</i>
	Occupation	<i>Servant</i>			Where Residing if not at place of death			
	Married, Single or Widowed	Single			Name of Wife or Husband <i>Stephen Gray</i>			
	Father's Name	<i>Richard Haccand</i>				Father's Birthplace	<i>Cal. les.</i>	
	Mother's Maiden Name	<i>Kitty Haccand</i>				Mother's Birthplace	<i>Cal. les.</i>	
Name of person giving information	<i>Samuel Gray</i>				How related to deceased	<i>Brother in law</i>		
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	<i>Cerebral hemorrhage</i>				How long	<i>24 hours</i>	
	Immediate							
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>J. W. Litch</i>			
				Address	<i>Huntingtown</i>			
<div style="text-align: center;">Accident or Suicide?</div>								

James C. Brown
Historian 1894

Name
in
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CERTIFICATE OF DEATH

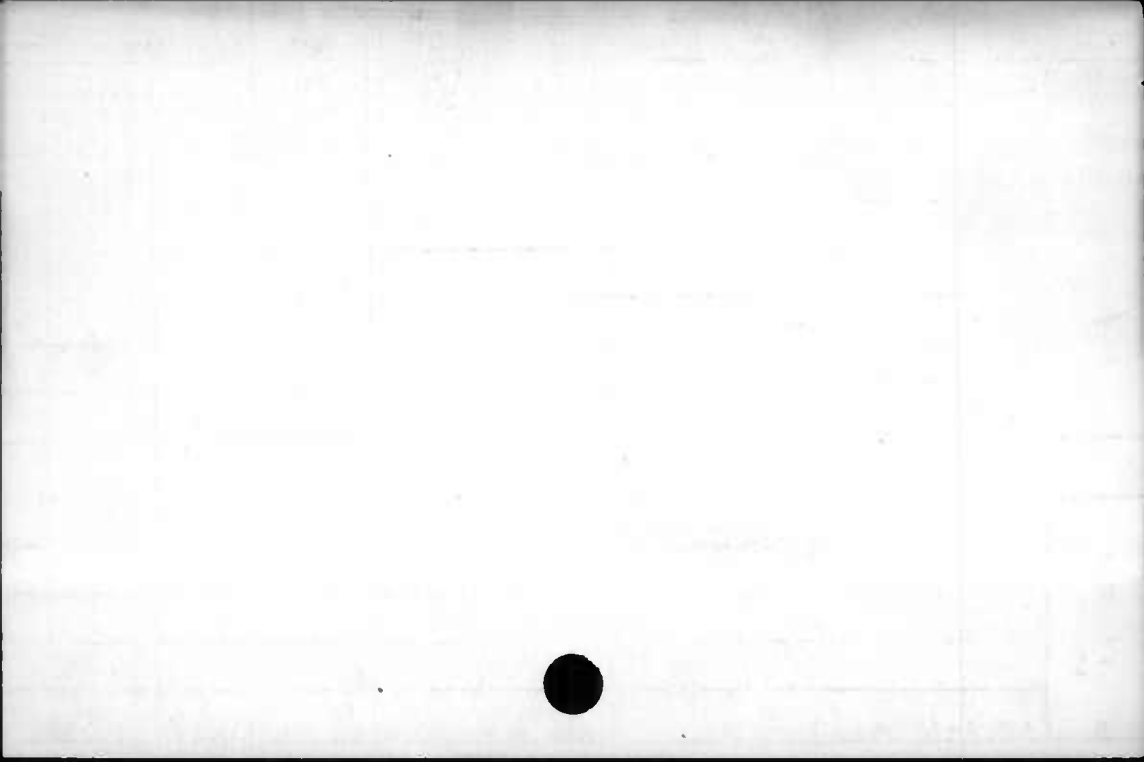
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Josephine Nelson</i>		Town <i>Adelina</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Adelina</i>		Date of death <i>1906 Apr 6</i>		Age <i>50</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Calvert Co</i>		Days <i>—</i>	
Occupation <i>House wife</i>				Where Residing if not at place of death <i>Calvert</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Basil Nelson</i>					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information <i>Thos. Nelson</i>						How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long <i>6 years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James Conner</i>	
		Address <i>Adelina Md.</i>	
Accident or Suicide?			



Name
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Edna Mary Maria Mitchell

CERTIFICATE OF DEATH

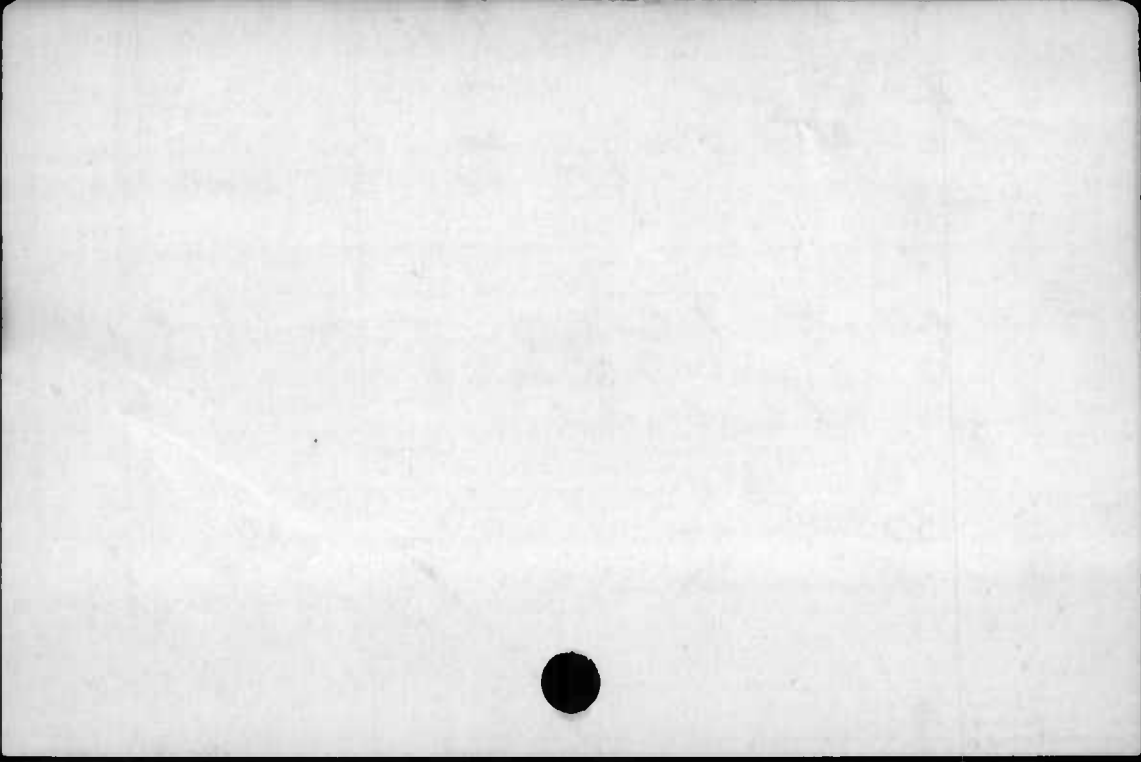
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Dunkirk</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1906	Month <i>April</i>	Day <i>13</i>	Age	2	Years	Months <i>8</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth- place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband			
Father's Name				Father's Birthplace			
<i>Peter Mitchell Jr</i>				<i>Calvert Md</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Annie Gross</i>				<i>Calvert Md</i>			
Name of person giving information				How related to deceased			
<i>Peter Mitchell</i>				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>8 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. M. Channing</i>	
		Address	
		<i>Channing Md</i>	
Accident or Suicide?			



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TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dunkirk</i> Town		<i>Mitchell</i> County		MARYLAND	
Date of death	1906	Month	April	Day	2
Age		Years		Months	20
Sex	male	Color or Race	Colored	Birth-place	Leah les
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Peter Mitchell		
Father's Birthplace			Leah les		
Mother's Maiden Name			Annie Gross		
Mother's Birthplace			Leah les		
Name of person giving information			Peter Mitchell		
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	10 days
Immediate	<i>Pneumonia</i>	How long	5 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. L. H. M. Chaney</i>	
		Address <i>Chaney Md</i>	
Accident or Suicide?			



Name
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Ernest W. Ray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chambersville</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death	1906	Month	April	Day	6	Age	26
Sex	Male	Color or Race	Colored	Birth-place	Ireland, Md.		
Occupation	Waiter			Where Residing if not at place of death	Baltimore, Md.		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	R. Wesley Ray				Father's Birthplace	Calvert Co nd	
Mother's Maiden Name	Barbara Jane Marguerite				Mother's Birthplace	Calvert Co nd	
Name of person giving information	R. Wesley Ray				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Lungs & Throat</i>		How long	<i>Five (5) mos.</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>W. P. M. Chancy</i>
		Address	<i>Chancy, Md.</i>	
Accident or Suicide?				

